

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Missouri Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bellingham
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Advance
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1944 hour 6 minute 32 P.M.
21. I hereby certify that I attended the deceased from Jan 5 1944 to Jan 9 1944
that I last saw him alive on Jan 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Labor)
Duration 4 days

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 108
Of operations _____
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature George H. Decker (M. D. Sworn)
Address Cape Girardeau Mo Date signed 1/25/44

3. (a) PRINT FULL NAME CICELIA JANE YOUNG
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife J. M. Young
(c) Age of husband or wife if alive 71 years
7. Birth date of deceased Nov 17 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>1</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Libertyville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frederick Otto Schlotter

13. Birthplace Bermainy
(City, town, or county) (State or foreign country)

14. Maiden name Stevens Gasp

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Young

(b) Address Advance Mo

17. (a) Burial (b) Date thereof Nov 11 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Anthony's Church, near Advance, Mo.

18. (a) Signature of funeral director Clayton S. Morgan

(b) Address Advance Missouri
19. (a) 1-26-44 (b) G. H. Decker
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 244-3407
Date Filed 2-9-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Lloyd S Morgan
working under my personal supervision.

Registered Apprentice No.....

Signed Lloyd S Morgan

Licensed Embalmer No. 3361

P. O. Address Admission No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.